

SENATE BILL 2455  
By Harper

AN ACT to amend Tennessee Code Annotated, Title 56, Chapter 7, Part 23, by enacting the Post-Delivery Care for Mothers and Newborns Act.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding Sections 2 through 5 of this act as a new, appropriately designated section.

SECTION 2. This act shall be known and may be cited as the "Post-Delivery Care for Mothers and Newborns Act".

SECTION 3. The legislature hereby finds and declares that:

(1) Whereas the timing of hospital discharge of the mother and infant after birth was, until recently, a mutual decision between the physician and the mother, many insurers are now refusing payment for a hospital stay that extends beyond twenty-four (24) hours after an uncomplicated vaginal delivery and forty-eight (48) hours after a caesarean delivery.

(2) There are insufficient scientific data to support the safety of such early releases from the hospital following delivery, particularly as it relates to the detection of many problems, which if undiagnosed may pose life-threatening and costly complications, and may require a longer period of observation by skilled personnel.

(3) Guidelines developed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend as a minimum that mothers and infants meet certain medical criteria and conditions prior to discharge.

(4) The length of post-delivery inpatient stay should be based on the unique characteristics of each mother and her infant, taking into consideration the health of the mother, the health and stability of the baby, the ability and confidence of the mother to care for her baby, the adequacy of support systems at home, and access to appropriate follow-up care.

(5) Requiring insurers to cover minimum post-delivery inpatient stays will allow identification of early problems with the newborn, prevent disability through appropriate use of metabolic screening, and help ensure that the family is able and prepared to care for the baby at home.

SECTION 4. As used in this act, unless the context otherwise requires:

(1) "Attending provider" means:

(A) pediatricians and other physicians attending the newborn; and

(B) obstetricians, other physicians, and certified nurse midwives attending the mother.

(2) "Insurer" means any entity that provides maternity benefits on a risk basis including, but not limited to, group and individual insurers, health maintenance organizations and preferred provider organizations, and any program funded under Title XIX of the Social Security Act or any other publicly funded program.

SECTION 5. (a) Any insurer that offers maternity benefits shall provide coverage of a minimum of forty-eight (48) hours of inpatient care for a mother and her newborn infant following a normal vaginal delivery and a minimum of ninety-six (96) hours of inpatient care for a mother and her newborn infant following a caesarean delivery.

(b) Any decision to shorten the length of inpatient stay to less than that provided under subsection (a) shall be made by the attending providers after conferring with the mother.

(c) If a mother and newborn are discharged pursuant to subsection (b) prior to the inpatient length of stay provided under subsection (a), coverage shall be provided for a follow-up visit or home health visit within forty-eight (48) hours of discharge. Services provided shall

include, but not be limited to, physical assessment of the newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, and the performance of any medically necessary and appropriate clinical tests. Such services shall be consistent with protocols and guidelines developed by national pediatric, obstetric, and nursing professional organizations for these services.

SECTION 6. This act shall take effect upon becoming a law, the public welfare requiring it.